



Douglas A. Ducey
Governor

State Of Arizona Board of Podiatry Examiners
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INITIAL REGISTRATION TO DISPENSE DRUGS AND DEVICES

THIS REGISTRATION FORM MUST BE SUBMITTED WITH AN INITIAL REGISTRATION FEE OF \$200.00 AND A COPY OF YOUR DEA CERTIFICATE. MAKE CHECK PAYABLE TO THE ARIZONA PODIATRY BOARD.

FULL NAME: _____

LICENSE #: _____

OFFICE ADDRESS: _____

Street address and unit #

City, State and Zip Code

(_____) _____ (_____) _____
Phone # Fax #

Are you currently registered by the U.S. Department of Justice (DEA) to..... Yes ____ No ____
dispense controlled substances under the Federal provisions of
21 USC 801, et seq.?

List your DEA registration #: _____ Expiration Date: _____

List the types of controlled substance, prescription-only drugs, and prescription-only devices you dispense or
intend to dispense:

List the location(s) where you intend to dispense: _____

Has any complaint or action been taken against you by any court or any..... Yes ____ No ____
federal or state agency for the dispensing of any drug or device?
(If "yes". Please submit a written statement explaining the action that
was taken and the court in which the action was taken.)

**I understand that a registration to dispense drugs and devices is required prior to dispensing
controlled substances, prescription-only drugs, and prescription-only devices. I understand that this
registration must be renewed annually. I affirm that the information contained in this registration
form is true and correct to the best of my knowledge and that any false statement herein could result
in the suspension, revocation, or other disciplinary action against my license.**

Physician signature

Date

If a disabled person needs form in an alternative format, please contact the Board's office. Phone: (602) 542-3095;
Voice Relay: (602) 800) 842-4681; TDY: (800) 367-8939.